

**TOWN OF FRAMINGHAM
BOARD OF HEALTH**

**APPLICATION FOR PERMIT TO OPERATE A SWIMMING/ WADING/ SPECIAL
PURPOSE POOL**

The undersigned business hereby applies for a permit to operate a swimming, wading or special purpose pool in accordance with the **STATE SANITARY CODE: CHAPTER V ,105 CMR 435.000: MINIMUM STANDARDS FOR SWIMMING POOLS . This application MUST be completely filled out on both sides.**

Date _____

Name of Establishment _____

Business

Address _____

Business Telephone Number () _____

Mailing Address(If different from Business

Address) _____

Name and Title of

Applicant _____

Name of Owner (If different from applicant) _____

If corporation or partnership, give name, title and home address of officers or partners.

Name

Title

Home Address

Emergency Communication system at facility _____

FACILITIES _____ Swimming Pool (Indoor)

_____ Swimming Pool (Outdoor)

_____ Wading Pool (Indoor)

_____ Wading Pool (Outdoor)

_____ Special Purpose pool (Indoor) (i.e., Whirlpool)

_____ Special Purpose Pool (Outdoor)

Source of water at pool (Town, well, pump truck,
etc.): _____

Certified Pool Operator(CPO):Name: _____

Address: _____ Telephone Number () _____

Emergency Response Person (if not CPO):

Name: _____ Telephone Number () _____

Days and Hours of Operation:

Operation is Annual: _____

Seasonal: _____

(i.e., Year-Round)

I have read the STATE SANITARY CODE: CHAPTER V, 105 CMR 435.000: MINIMUM STANDARDS FOR SWIMMING POOLS and the regulations of the Framingham Board of Health and I hereby agree that the above swimming pool will comply at all times it is operating with these requirements.

Signature of Applicant

SEE THE BACK OF THIS FORM FOR REQUIRED ADDITIONAL INFORMATION

COPIES OF LIFEGUARD(S) CERTIFICATIONS MUST BE SUBMITTED PRIOR TO POOL OPENING

Pursuant to M.G.L.. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Social Security Number or Federal Identification Number

Signature of Individual or Corporate Name

by _____

Corporate Officer (if applicable)

FEE

Seasonal Swimming (including Wading) Pool:	\$ 150.00
Annual (Year-Round) Swimming Pool:	\$ 250.00
Annual Swimming Pool, with Special Purpose Pool:	\$ 300.00
Special Purpose Pool Only	\$ 300.00

PAYMENT IS DUE WITH APPLICATION

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT